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CONFIRMATION NO. 6363

<b>SERIAL NUMBER</b> 10/714,353	<b>FILING OR 371(c) DATE</b> 11/14/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1643	<b>ATTORNEY DOCKET NO.</b> GMI-059
<b>APPLICANTS</b> Janine Schuurman, Amsterdam, NETHERLANDS; Catharina Emanuele Gerarda Havenith, Bodegraven, NETHERLANDS; Paul Parren, Odyk, NETHERLANDS; Jan G.J. Van De Winkel, Zeist, NETHERLANDS; Denise Leah Williams, San Jose, CA; Jorgen Petersen, Rungsted Kyst, DENMARK; Ole Baadsgaard D.M. Sc., Malmo, SWEDEN;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/426,690 11/15/2002 <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Examiner's Signature</u> <u>LAB</u> Initials		<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 98
		<b>INDEPENDENT CLAIMS</b> 12		
<b>ADDRESS</b> 00959				
<b>TITLE</b> Human monoclonal antibodies against CD25				
<b>FILING FEE RECEIVED</b> 4376	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	